

Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans Meeting Minutes
Site Visit to Atlanta VA Medical Center (VAMC)
1670 Clairmont Road
Decatur, GA 30033
August 19-23, 2013

VA Advisory Committee on Women Veterans (ACWV) Members Present:

COL Shirley Quarles, Chair, USAR, Retired	1SG Delphine Metcalf—Foster, USA, Retired
CDR Sherri Brown, USCGR, Retired	MSgt Mary Morin, USAF, Retired
Gina Chandler, USAF Veteran	Robin Patrick, USN Veteran
Larri Gerson, USAF Veteran	COL Felipe Torres, USMC, Retired
SPC Latoya Lucas, USA, Retired	COL Mary Westmoreland, USA, Retired
Sara McVicker, USA Veteran	

VA Advisory Committee on Women Veterans (ACWV) Members Excused:

Charlotte Smith, USA Veteran

ACWV Ex-Officio Members Present:

Lillie Jackson , Assistant Director, Buffalo VA Regional Office (VARO) Veterans Benefits Administration (VBA)

ACWV Ex-Officio Members Excused:

Dr. Patricia Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration (VHA)

COL Betty Yarbrough, Military Director, Defense Advisory Committee on Women in the Services, Department of Defense (DOD)

Jenny Erwin, Senior Advisor, Women Veterans Initiatives, US Department of Labor (DOL), Veterans Employment and Training Service

ACWV Advisor Present:

Faith Walden, Program Analyst, Office of Finance and Planning, Business Process Improvement Service, National Cemetery Administration (NCA)

ACWV Advisor Excused:

CDR Michelle Braun, Nephrology Nurse Practitioner, National Institute of Health

Center for Women Veterans:

Dr. Irene Trowell-Harris, Director	Shannon Middleton, Program Analyst
Dr. Betty Moseley Brown, Associate Director	Michelle Terry, Program Support
Desiree Long, Senior Program Analyst	Juanita Mullen, Program Analyst

Other VA Staff:

Jaspen Boothe, Benefits Assistance Service, Veterans Benefits Administration (VBA)	Dr. Karen Shoffner, Atlanta VAMC
DarQuita McColum, Atlanta VAMC	Laurin Word, Atlanta VAMC
Deborah Jones, Atlanta VAMC	Laura Ritatcher, Atlanta VAMC
Raman Damineni, Atlanta VAMC VA	Peggy Mikelonis, Women's Health Services, VHA
Barbara Palmer, Women's Health Services, VHA	

Guest:

Karen Nellans

The entire meeting package with attachments is located in the Center for Women Veterans, Washington, DC

Sunday, August 18, 2013—Marriott Courtyard Atlanta Decatur Downtown/Emory, Clairmont Room

- Dr. Shirley Quarles, Chair of the Advisory Committee on Women Veterans (ACWV), met with ACWV members during a planning session and gave an overview of what to expect during the site visit.
- ACWV discussed areas of concern to focus on during the site visit.

Monday, August 19, 2013 – Atlanta VAMC, Chapel, Room 1C182

Welcome and Leadership Introduction, Dr. Shirley Quarles, Chair, ACWV

- Meeting called to order.
- Introduction of Advisory Committee on Women Veterans members and visitors.
- Review of Agenda.
- Approval of minutes from April 9-11, 2013 ACWV meeting.

Purpose for Site Visit, Dr. Irene Trowell-Harris, Director, Center for Women Veterans

- To provide an opportunity for Committee members to compare the information they received from briefings, provided by the Administration at VA Central Office, with activity in the field.
- Committee members will be able to observe firsthand, treatment, programs and the provision of benefits in place for women Veterans in Veterans Integrated Service Network (VISN) 7, especially Atlanta VAMC. All presentations are to specifically address how programs, services, and benefits related to women Veterans. Site visits are considered advisory in nature.
- This visit will give the Atlanta VAMC senior leaders an opportunity to discuss any special interests they would like to share with the Secretary, or address any concerns regarding the welfare of women Veterans.

Welcome, Charles E. Sepich, Network Director, VISN 7

- Welcomed the Committee to the Atlanta VAMC, and VISN 7.
- Provided brief overview and highlights:

- VISN 7 has the largest number of women Veterans.
- There is an emphasis on the sharing of information to ensure quality care for Veterans.
- VISN 7 was awarded a new lease for an outpatient annex to be used for a second women's clinic; 7,000-8,000 feet of space.

Entrance Briefing/Welcome of Leadership and Introduction, Tom Grace, Associate Director, Atlanta VAMC

- Provided welcome remarks on behalf of the Director.
- Discussed the VAMC's focus on a cultural approach to improving services for women Veterans.
- Announced plans for a second women's Center of Excellence.

Overview of VISN 7 Facilities, Programs, Demographics, Dr. Stephen R. Holt, Chief Medical Officer, VISN 7

- Discussed VISN 7 fiscal year (FY) 2012 key statistics:
 - There were 571,076 Veterans enrolled; 392,916 unique Veterans seen.
 - There were 4.75 million outpatient visits; 46,727 admissions; the budget was more than \$3 billion.
 - VISN 7 has eight medical centers, 43 outpatient/outreach clinics, and 14 Vet Centers.
- Discussed VISN 7 organizational structure.
 - Atlanta VAMC has 445 authorized inpatient beds.
 - Total full time equivalent employee (FTEE): approximately 2,994.
 - Unique patients (86,164); women Veterans served (9,419); and outpatient visits (1,069,576); budget (\$592.3 million).
 - Major academic affiliation with Emory University and Morehouse School of Medicine.
 - Birmingham VAMC has 319 authorized inpatient beds.
 - Total FTEE: approximately 1,973.
 - Unique patients (61,410); women Veterans served (4,500); outpatient visits (724,517); budget (\$402.6 million).
 - Major academic affiliation with University of Alabama at Birmingham.
 - Charleston, SC VAMC has 148 authorized beds.
 - Total FTEE: approximately 1,687.
 - Unique patients (56,638); women Veterans served (5,222); and outpatient visits (470,765); budget (\$329.3 million).
 - Major academic affiliation with the Medical University of South Carolina.
 - Augusta VAMC has 489 authorized beds.
 - Total FTEE: approximately 2,264; unique patients (40,807); women Veterans served (3,812); outpatient visits (455,456); budget (\$373.6 million).
 - Major academic affiliation with Georgia's Health Sciences University.
 - Columbia VAMC has 216 authorized beds.
 - Total FTEE: approximately 1,902; unique patients (73,690); women Veterans served (5,700); outpatient visits (906,858); budget (\$383.7 million).
 - Major academic affiliation with the University of South Carolina.

- Central Alabama Veterans Health Care System has 330 authorized beds.
 - Total FTEE: approximately 1,460; unique patients (43,676); women Veterans served (4,206); outpatient visits (395,684); budget (\$240.1 million).
 - Designated Veterans rural access hospital.
- Dublin VAMC has 345 authorized beds.
 - Total FTEE: approximately 998; unique patients (33,722); women Veterans Served (2,747); outpatient visits (290,672); budget (\$194 million).
 - Designated as a VA rural access facility.
- Tuscaloosa VAMC has 381 authorized beds.
 - Total FTEE: approximately 1,009; unique patients (16,132); women Veterans served (1,021); outpatient visits (216,623); budget (\$152.3 million).
- VISN 7 strategic priorities are to continue improving and enhancing access; improving mental health service; offering one stop shopping for women's Health services; managing growth and demand; and increasing collaboration efforts for care delivery.
- VISN 7 specialized clinical programs include:
 - Blind rehabilitation: Augusta VAMC and Birmingham VAMC.
 - Spinal cord injury program: Augusta VAMC.
 - Active duty rehab unit: Augusta/Eisenhower VAMC.
 - Residential rehabilitation treatment programs: Central Alabama Veterans Health Care System (CAVHCS), Tuscaloosa VAMC, Atlanta VAMC and Birmingham VAMC.
 - Domiciliary: Augusta VAMC, CAVHCS, and Dublin VAMC.
 - Bariatric surgery: Charleston VAMC.
 - Neurosurgery: Birmingham VAMC and Augusta VAMC.
 - Renal transplant: Birmingham VAMC.
 - Cardiothoracic surgery: Atlanta VAMC, Charleston VAMC, and Birmingham .
 - Female only domiciliary: Tuscaloosa VAMC.
- Gender specific services include:
 - Designated women's health liaison and women's health providers at all clinics.
 - Comprehensive women's health care provided at all sites.
 - Maximizing use of telemedicine (tele-mental, tele-MOVE, and cholesterol management) and expanding tele-gynecology.
 - Improving women Veterans access to care, via afterhours clinics, increasing availability of gynecology (GYN) services, piloting GYN eConsults.
 - One site has a "female only" residential domiciliary.
 - One site now offers GYN oncology surgery.
 - VISN 7 is meeting environment of care requirements, by correcting gaps identified in Government Accountability Office 2009 Survey on privacy, safety and dignity.
 - Integration of mental health (MH) in women's health care (target 100 percent MH co-location).
- VISN 7 women's health scoreboard:

Measure	Benchmark	Score (as of June 2013)
Breast Cancer Screening	87%	87.0 %
Cervical Cancer Screening	94%	88.1 %
Colorectal Screening	79.15	81.51 %
Gender Disparity: IHD-LDL	55%	81.7 %
Gender Disparity: DM-AIC	79%	77.0 %
Depression Screening	95.12%	96.01%
PTSD Screening	97.81%	96.78%
Suicide Screening	84.69%	88.1%
MST Screening	100%	99%

- Other women's health key metrics:
 - Female suicides: zero, since FY 12.
 - Military sexual trauma (MST) training compliance: Augusta VAMC's training of primary care and MH staff is now in compliance.
 - MST coordinator awareness: concerns from FY 12 survey at Athens community based outpatient clinic (CBOC) should be rectified in FY 13's survey results.
 - Female homeless beds: Atlanta: 50; Augusta: 16; Columbia: 6; Charleston: 10.
 - FY to date: 13 homeless female Veterans.

Overview of Atlanta VA Facility/Programs/Demographics, Dr. David J. Bower, Chief of Staff, Atlanta VAMC

- Atlanta VAMC provides all levels of health care for Veterans, including specialized tertiary care services.
 - Consistently within the top 10 in Veterans served:
 - Expect to serve more than 100,000 unique patients in next few years.
 - One of the fastest growing VAMCs over the past five years, increased number of patients by 38 percent.
 - Fully accredited.
 - Strong academic affiliations:
 - A total of 176 resident positions, across 45 programs.
 - Affiliation agreements with 120 colleges/universities.
 - Robust affiliations with Emory University and Morehouse College Schools of Medicine.
 - There are 44 allied health trainee positions.
- The number of women Veterans is growing rapidly, due to increasing demands for health care and an influx of younger Veterans.
- The changing face of women Veterans:
 - The current projected percentage of U.S. Veterans who are women is 10 percent.

- In FY 09, the average age of women Veterans was 48 years, compared to 63 years for their male counterparts.
- In FY 09 and FY 10, post-traumatic stress disorder (PTSD), hypertension, and depression were the top three diagnostic categories for women Veterans treated.
- Women Veterans of Operations Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND):
 - Make up nearly 11.6 percent of OEF/OIF/OND Veterans.
 - VA health care provided to 57.4 percent of women OEF/OIF/OND Veterans; of these, 89.8 percent used the VA health care more than once.
 - Nearly 51.3 percent of women OEF/OIF/OND Veterans who used VA care during FY 02-11 are age 43 or younger, compared to nearly 48 percent of male OEF/OIF/OND Veterans.
- MST:
 - About one in five women seen in VHA respond “yes,” when screened for MST.
 - Only slightly fewer male Veterans are seen for MST in VA than women Veterans who have experienced MST.
- Comprehensive primary care is provided with privacy, safety, dignity, and sensitivity to gender specific needs.
 - The Women’s Wellness Clinic was established in 1995, with one nurse practitioner and one internal medicine physician. Women Veterans were seen half day per week for ambulatory gender specific issues.
 - The clinic now provides primary care, which includes preventive health, mental health, and gender specific care for 2800 assigned women Veterans and supports gender specific care in various CBOCs.
 - Atlanta VAMC has the largest number of women Veteran (14,000) enrollees and unique facility users (9,927) in VISN 7.
 - The Atlanta VAMC currently has four doctors, two registered nurses, three licensed practical nurses, two program support assistants, one physician assistant, and one nurse practitioner, for a total of 10 sessions weekly for 2,800 women Veterans.
 - Gynecology initially had one doctor providing part-time clinic services but has grown to provide services in general gynecology, urogynecology and gynecological oncology to women Veterans in 1,862 encounters in 2012.
- Patient centered care:
 - Patient Aligned Care Teams (PACT) provide accessible, coordinated, comprehensive care, and encourage patients to have an active role in their health care.
 - Women’s comprehensive health care: complete primary care from one designated women’s health primary care provider (WH PCP) at one site – serves as a model for VA’s PACT initiative.
 - Atlanta VAMC currently has sixteen designated WH PCP on nine teams and now openly discussed and hires only doctors/clinicians interested in becoming women’s health care designated WH PCPs in primary care.
- Women’s health education:

- Atlanta VAMC is recruiting and training providers interested and proficient in women's health.
- In 2010, the Atlanta VAMC sponsored a women's mini-residency and trained physicians and nurses from Atlanta and VISN 7 in basic women's health care and has sent several physicians to national mini-residency programs.
- The Atlanta VAMC emergency department (ED) is offering a women's health mini-residency for emergency providers to all its physicians/clinicians and nurses and to a number of women Veterans program managers (WVPM) in VISN 7, in September 12-13, 2013, via a national grant that was awarded in 2013.
- The Atlanta VAMC ED also collaborated with VISN 7 WVPMs to receive a national grant in 2013 entitled Emergency Services for Women Innovation Grant. This grant was awarded as a VISN 7 project and will standardize all VISN 7 GYN carts and establish Computerized Patient Record System (CPRS) tools and protocols in women's health.
- VAMC MH services for women:
 - Atlanta VAMC has responded to the growing number of women Veterans by developing a wide range of mental health services to meet their unique needs.
 - Available services include psychological assessment and evaluation, outpatient individual and group psychotherapy, acute inpatient care and residential-based psychosocial rehabilitation.
 - Specialty services target problems such as posttraumatic stress disorder (PTSD), substance use problems, depression, and homelessness.
 - Atlanta VAMC also has outpatient, inpatient, and residential specialty services for Veterans who experienced MST.
 - To accommodate female Veterans who do not feel comfortable in mixed-gender treatment settings, the Atlanta VAMC has women-only programs.
 - Programs such as the Homeless Veteran Women Program (HWVP) helps homeless women Veterans with honorable discharge, who desire treatment for mental health or substance abuse issues and offers case management services.
 - The Trauma Recovery Program provides evidence-supported, specialized mental health care to Veterans with symptoms of PTSD and other psychological symptoms related to experiencing a traumatic event while in military service.
 - Currently, 90 percent of Veterans actively treated on the MST team are female, while 10 percent of the Veterans actively treated on this team are male.
- Culture change:
 - Women Veterans health is working to enhance the language, practice and culture of VA, to make it more inclusive of women Veterans.
 - A key piece of this cultural change is outreach:
 - The Women Veterans Program sponsors several programs throughout the year, such as the Vet Fest, OEF/OIF Tea Party, Chaplain's Spiritual Support group.
 - The Atlanta VAMC also partners with community and military organizations to educate women Veterans regarding the services at the medical center.

Overview of VISN 7 Women Veterans Services, Ofelia Mutia, Lead Women Veterans Program Manager, VISN 7

- VISN 7's strategic goals:
 - Execute VA women's health policies;
 - Provide easy and timely access to highest quality of care.
 - Maintain WH PCP's competency.
 - Improve market penetration, via maximized outreach/in-reach initiatives.
 - Meet performance requirements.
- VISN 7 has the largest women Veterans population and the greatest market penetration.
 - There are 182,241 women Veterans in the catchment area; 34,318 women Veterans receive care from VA; there is an 18.8 percent market penetration.
 - There has been consistent growth in enrollment and utilization, over the last four years.
 - New focus needed for younger women Veterans.
- Three models of care:
 - Model 1: general primary care clinics:
 - This model is used at the medical centers in Dublin, GA and Charleston, SC.
 - Provides comprehensive primary care for women Veterans, delivered by designated WH PCPs and clinicians proficient in women's health.
 - Women Veterans in WH PCP panel and seen within general gender neutral primary care clinics.
 - MH service should be co-located.
 - Efficient referral to GYN, either onsite or Non-VA Care Coordination (NVCC), within 50 mile radius.
 - Model 2: separate but shared space:
 - This model is used at the medical centers in Atlanta, GA; Birmingham, AL; Montgomery, Tuscaloosa and Tuskegee, AL.
 - Offers comprehensive primary care provided by designated WH PCPs interested and proficient in women's health.
 - Women Veterans seen in a separate, but shared space located within or adjacent to primary care clinic areas.
 - GYN care and mental health should be co-located.
 - Model 3: women's health center.
 - This model is used in the August, GA VAMC.
 - Has comprehensive primary care in women's health center by WH PCPs, in exclusive and separate space.
 - Separate entrance into clinic area and waiting room (privacy, sensitivity and physical comfort).
 - GYN, mental health and social work must be co-located.
 - Other sub-specialty (breast cancer, nutrition, etc.) may also be provided.
- VISN 7 highlights:
 - Designated women's health providers and liaisons; full-time WVPs; and comprehensive women's health care provided at all sites (including urgent care and ED).
 - Data and statistics collected, using clinical reminder, score card, and measures.

- OB-GYN certified providers at Columbia VAMC and CAVHCS.
- Tuscaloosa VAMC “female only” residential domiciliary.
- Dublin VAMC women only “MOVE!” classes.
- Privacy, dignity and safety:
 - Closure of 2009 GAO survey gap on environment of care– using local budget (Augusta inpatient facility and Dublin domiciliary).
 - Ongoing environment of care review, for identifying gaps, monitoring and tracking.
- Integration with other services:
 - VISN 7 partnership with VBA and DOL Women’s Bureau.
 - Mental health: MST and suicide prevention programs.
 - OEF/OIF/OND program.
 - Homeless program: per diem housing for women.
 - Maximizing use of telemedicine.

Women’s Wellness Clinic and Emergency Department Mini-Residency, Dr. Jennifer Goedken, Chief, Gynecology Section, Surgical and Perioperative Care Service Line, Atlanta, VAMC; Dr. Edidiong Ikpe-Ekpo, Emergency Physician, Atlanta VAMC and Emory Emergency Departments; Dr. Lisa Tadayon, Emergency Medicine Physician, Emergency Department, Atlanta, VAMC; Dr. Lisa Ferdinand, Clinical Psychologist, Primary Care/Mental Health Integration Program, Women Wellness Clinic, Atlanta VAMC

- Overview of gynecologic services:
 - General GYN includes contraception, precancerous conditions (cervical, vulvar vaginal), abnormal uterine bleeding, pelvic pain, infections, infertility (evaluation, some therapy) and menopause.
 - Specialty services include:
 - Urogynecology/female pelvic medicine and reconstructive surgery, (incontinence and prolapse).
 - GYN oncology includes endometrial, cervical, ovarian, vulvar or vaginal.
 - Multidisciplinary innovations:
 - Radiology: uterine fibroid embolization.
 - Pathology: tracking abnormal pap smears.
 - Emergency room: gynecologic cart, vaginal bleeding protocols, women’s health mini-residency for emergency medicine providers.
 - Geriatrics: continence and bladder/pelvic pain.
 - In the future, will increase access in staff, sites, and operating room capacity and telemedicine; obstetrical care (radiology-ultrasound capacity); multidisciplinary center/teams (incontinence/pelvic prolapse, oncology and pelvic pain).
- Staff is very conscious of how far patients have to travel; therefore, communication telephonically is high.
 - Primary care is working diligently to keep up with the waiting list.
- Significance of women’s health initiatives in emergency medicine:
 - Over the past 10 years, the number of women Veterans using the VA facilities has doubled.

- In 2010 alone, there has been a three percent increase in number of women Veterans using the VA's ED, compared to the prior year.
- VISN 7, demonstrates the highest number of women Veterans in the country.
- Atlanta VAMC ED one of the busiest VA EDs in the nation.
- ED is frequently the first port of entry to the VA health care system.
- Barriers to optimal care for women Veterans in ED are limited equipment, an environment less conducive to serving women Veterans, several years spent caring for predominantly male patients and less education on gender-specific care.
- Grants awarded to VISN 7 and Atlanta VAMC:
 - Innovation grant was awarded for equipment, protocols and CPRS menus.
 - Mini-residency for emergency medicine providers, doctor/nurse practitioner/physician assistant education, registered nurse education and examination skill improvement.
 - A conference at Emory Conference Center and Emory Excel Center, to be held on September 12 and 13, 2013; will target ED physicians, nurse practitioners, physician assistants, nurses and nurse managers.
- Upcoming goals:
 - Collaborative effort to standardize supplies for six drawer GYN carts.
 - Mobile floor lights.
 - Fetal heart tone ultrasound.
- Vaginal bleeding protocol:
 - For the patient presenting to the ED with vaginal bleeding--her pregnancy status, and hemodynamic stability need to be determined immediately.
- Vaginal discharge:
 - For the patient presenting to the ED with vaginal discharge--determine her pregnancy status, acquire a targeted history, and perform a pelvic/speculum exam and obtain vaginal and cervical samples.
- Acute pelvic pain:
 - For the female patient presenting to the ED with acute pelvic pain--her hemodynamic stability and pregnancy status need to be determined immediately; obtain a targeted history; perform a targeted physical exam; and assess patient's pain status.
- Goals FY 13:
 - To transform health care delivery for women Veterans utilizing the PACT model.
 - Collaborate to improve VA health practice and quality via collaboration with Morehouse/Emory on the Academic Center of Excellence.
 - Develop, implement and influence VA women's health and practitioner education initiatives via collaboration with ER (mini-residency in September 2013), lactation coordinator.
 - Mitigate the negative effects of military service on women Veterans' lives, via collaboration with primary care - mental health integration program and behavioral health.
- Women's Wellness Clinic:
 - Provides primary care and gender specific care for 2,700 assigned women Veterans.
 - Supports gender specific care in various CBOCs.

- Atlanta VAMC has the largest number of women Veterans (14,000) enrollees and unique facility users (9,927) with 120,068 visits in VISN 7 in FY 12.
- Offers specialty care, including sexually transmitted disease screening, birth control planning, pregnancy screening and medical management, breast and cervical cancer screenings, menopausal management, social worker and nutrition assessments, and pharmacy consultation.
- The WVPM at the Atlanta VAMC served as the VISN7 lead manager and women's wellness nurse practitioner, and served for several years in a triple capacity, executing these administrative roles while simultaneously performing daily clinical duties.
- In 2009, the WVPM became a full-time program manager and another nurse practitioner was hired.
- Subsequently, a physician assistant was added to the Women's Wellness Clinic in 2011, as the numbers of female veterans grew.
- **Current status:**
 - The Atlanta VAMC currently has four doctors (3.875 FTE), two registered nurses, three licensed practical nurses, two program support assistants, one physician assistant, one nurse practitioner, for a total of 10 sessions weekly for 2,800 women Veterans.
 - Some clinicians were trained at national mini-residencies and Atlanta VAMC sponsored a VISN 7 wide mini-residency in September 2010.
 - CBOCs: Two sites provide rural care and offer comprehensive women's health, with five doctors and one nurse practitioner.
- **Major accomplishments since 2011:**
 - Increase collaboration with Veterans service organization (VSOs), VBA and the Department of Labor (DoL).
 - Establishing women's symposium.
 - Presentation of VA services in joint venture with VA DoL.
 - Implemented PACT.
 - Sent all licensed women's health staff to PACT training.
 - Expanded staffing.
 - Partnered with the ER staff to assist in developing grants for the ER to provide a mini-residency in Sept 2013 for the Atlanta VAMC ER staff and some VISN 7 WVPMs, and establish prototype GYN carts for Atlanta and VISN7.
 - Pregnancy testing in the Women's Wellness Clinic, ER, and CBOCs.
 - Revamped with non-VA care service, the non-VA care maternity fee services in the community.
 - Provision of new patient history and physicals, and screening pap smears on Saturdays.
- Roughly 3,000 women are served through the Women Wellness Clinic annually; about 53 percent decide to continue receiving their care through the clinic.

Women Veterans Program Highlights from VISN 7 Women Veterans Program Managers, Brenda Melton (Atlanta), Angela Williams (Dublin), Peggy Hall (CAVHCS), Dana Stephens (Tuscaloosa), Amy Barrow (Birmingham), Patricia Hancox (Charleston), Paula Martin (Augusta), Denice Green (Columbia)

- Women Veterans Program – Atlanta:
 - The Atlanta VAMC is comprised of a tertiary medical center, with 12 additional sites of care, and includes CBOCs located in northeast Georgia.
 - In August 2012, the Atlanta VAMC opened the Trinka Davis Veterans Village multi-specialty CBOC and 27-bed Community Living Center.
 - In June 2013, the Fort McPherson multi-specialty CBOC was opened.
 - In FY 14, the Women's Center of Excellence will open a 40 bed domiciliary, 20 bed substance abuse residential rehabilitation and treatment program, with expanded homeless services.
 - In FY 15 the specialty care outpatient clinic in Decatur, which will have a collocated expanded Women's Center of Excellence, is expected to open.
 - Five year goal is to become Atlanta VAMC's award winning women's health program.
 - Performance measures:
 - Cervical cancer screening (ages 21-64) – 94.73 percent, exceeds target (94.6 percent).
 - Breast cancer screening – 91 percent, exceeds target (87 percent).
 - Best practices:
 - Mammography tracking program.
 - Four mini-grants awarded: rural women's health program and mammography mobile medical unit, ER provider training, ED GYN carts for the VISN and breastfeeding/lactation grant.
 - Secured messaging for Myhealthvet, Telehealth, Gyn-eConsults, etc.
 - Future projection/long range goals:
 - Establishment of two CBOCs.
 - Renovations for the Women's Center of Excellence.
 - Collaborating with VISN lead on in-house mammogram, Tele-Gyn and succession planning guide.
- Women Veterans Program – Dublin.
 - The Carl Vinson VAMC is located in Dublin, Georgia, and serves approximately 38,000 Veterans in 52 counties in Georgia.
 - Outpatient clinics/Vet Centers: four CBOCs (Albany, Brunswick, Macon, Milledgeville) and one outreach clinic in Perry.
 - There are 4,079 women Veterans enrolled at the Carl Vinson VAMC; 2,778 of those are unique Veterans.
 - There are 12,407 Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/ Operation New Dawn (OND) Veterans enrolled; 15.8 percent (1,962) are women Veterans.
 - Strategic planning:
 - Secure a social worker for the clinic, to provide comprehensive case management with other special programs such as OIF/ OEF/OND, and others.
 - Increase collaboration with community partners to obtain housing for homeless women Veterans who have children.
 - Continue to educate staff on the unique needs of women Veterans.
 - Provide outreach through every special emphasis population that is served.

- Future projection/long range goals:
 - Further enhance services offered by GYN.
 - Establish tele-health for Women's Wellness Clinic.
 - In FY 14, women's health will offer quarterly "Lunch-n-Learn" programs for Veterans and staff.
 - Continue to increase enrollment by 10 percent per year.
- Women Veterans Program – Central Alabama.
 - Strategic planning:
 - Provide comprehensive primary care, utilizing patient center model of care.
 - Develop facility's women's health policies, based on VHA Handbooks 1330.01 and 1330.03.
 - Promote women's health education and training for PACT team providers and staff.
 - Enhance environmental of care, to ensure safety, security, privacy, and dignity.
 - Program objectives:
 - Establish women's health comprehensive care PACT teamlets at all sites.
 - Develop women's health policies and standard operation procedures, based on VHA Handbooks 1330.01 and 1330.03.
 - Identify opportunities for women's health clinic providers and staff to participate in women's health education and training.
 - Participate in environmental of care rounds and committee, to support a safe and sensitive culture.
 - Best practices:
 - Submitting grants for enhanced training (mini residency for emergency services and improving cervical cancer screening).
 - Disseminating mailers on health care issues, such as maternity, lipid, and level of blood sugar.
 - Including preventive health as a component of the women's health clinic triage process, to enhance enrollment in program (i.e., MyHealthvet, MOVE, and secure messaging).
 - Using an electronic postal card, through Vista A, to target women Veterans population.
 - Conducting quarterly meetings between the lab and women's health team, to review abnormal pap smears results and clinical findings.
 - Collaborating with Pharmacy Service, to utilize pharmacy interns for telephone screening of women with elevated low-density lipoproteins (LDL) and issues with blood sugar level.
 - Future projects/long range goals:
 - Establish women only MOVE groups.
 - Expand the number of women Veterans beds in mental health psychosocial residential rehabilitation treatment programs (MH-PRRTP).
 - Establish transitional housing for homeless women Veterans.
 - Expand Columbus CBOC.
 - Expand Montgomery Campus primary care clinics.
 - Establish a women's health center of excellence.

- Update Tuskegee and Montgomery Campus women's health waiting rooms, to create a family and child friendly environment.
 - Integrate visual and relaxation therapies in clinic settings.
- Women Veterans Program – Tuscaloosa VAMC.
 - Provides primary care, long-term health care, rehabilitative care, and mental health care services.
 - The medical center operates a 381-bed teaching hospital, offering the full range of inpatient and outpatient care, including: psychiatry (87 beds); a homeless domiciliary (77 beds); psychosocial residential rehabilitation treatment program (12 beds); and 198-bed community living center, which includes long term care, hospice, physical rehabilitation, and respite care.
 - The Hospice of West Alabama (through an enhanced lease agreement) is located on the Tuscaloosa VAMC campus.
 - The organization provides inpatient hospice care to Veterans and community-based civilian patients.
 - As a result of the devastation of the 2011 tornado, the Salvation Army has relocated to the Tuscaloosa VAMC campus and continues to provide services to homeless Veterans.
 - Tuscaloosa VAMC operates a VA-staffed outpatient clinic in Selma, Alabama that offers primary care, home based primary care, and MH services (including mental health intensive care management) to Veterans in highly rural areas.
 - Tuscaloosa VAMC also operates a mobile clinic that provides primary care services to four rural communities in the catchment area.
 - Catchment area:
 - Tuscaloosa County is the only urban county in the catchment area.
 - Consists of 13 counties, 12 of which are considered rural.
 - A 7 percent increase is projected in 5 years.
 - Total of 728 women Veterans enrolled in the Tuscaloosa VAMC; their ages range from under 25 to 85 years of age.
 - Total of 469 OIF/OEF/OND Veterans enrolled in the Tuscaloosa VAMC; 64.4 percent of current enrollees are OIF/OEF/OND Veterans.
 - Strategic goals:
 - Implement comprehensive women's health in other primary care clinics.
 - Meet identified targets, or exceed goals for performance measures.
 - Increase enrollment of women Veterans residing in the catchment area.
 - Reduce missed opportunity rates for women Veterans to less than 10 percent.
 - Increase services performed in the women's clinic.
 - Evaluate current services, to determine current and future needs of incoming women Veterans.
 - Maintain the dignity, privacy, and safety of women Veterans.
 - Educate existing staff and new staff on how to prevent deficiencies, and/or correct them when they arise.
 - Anticipate staffing vacancies; provide backup coverage for nursing staff and WVPM.

- Cross train nursing staff and have additional providers go to the mini-residency training.
 - Educate all staff (clinical and non-clinical) on the unique needs of women Veterans.
 - Collaborate and foster relationships with various agencies to promote women's health and potentially generate opportunities for women Veterans.
- Best practices:
 - Women only residential rehabilitation treatment programs (RRTP) wing, called "Palace of Athena".
 - Open access in the women's clinic two afternoons per week, which reduced missed opportunities by 9 percent.
 - Veterans integration to academic leadership (VITAL) is an initiative to assist Veterans who are enrolled in college with transition.
 - Conducted six "Operation Healthy Pregnancy" events, sponsored by the Women Veterans Health Committee, which educates pregnant Veterans on health issues and concerns for women Veterans and their infants.
- Opportunities to improve:
 - High missed opportunity rates: women's clinic has instituted open access on two afternoons per week. This open access has dropped the rate from 21.82 percent to 12.62 percent.
 - Extended hours, offering women the opportunity to come later in the day or on Saturday when they are off work, out of class, etc.
 - Home telehealth: nine percent of women Veterans are enrolled and actively participating.
 - Finding innovative means of outreach to find and enroll women Veterans who reside in the rural counties.
 - Gender disparities: numbers have improved, but sustaining those improvements can be difficult.
 - Secure messaging: 17.74 percent of total enrollments have opted-in for secure messaging.
- Future projections:
 - Establishment of a women's only acute psychiatric unit, based on an increase in admissions and the need for a women's only unit, for safety and privacy. This unit would be conducive for treatment for MST and PTSD and would be a "safe haven" for women Veterans whose treatment has "stalled" due to lack of numbers for women's only groups.
 - Homeless Veteran apartments: an enhanced use lease to convert an older building into a transitional housing facility; would target women Veterans with children; construction expected to begin August 31, 2013.
- Women Veterans Program – Birmingham VAMC
 - Located in Historic Southside District, with 313-bed acute medical and surgical tertiary facility.
 - Total number of women Veterans enrolled is 5,938 and total number of OIF/OEF/OND women Veterans enrolled is 574.
 - Highlights on performance measures:

- Cervical cancer screening (ages 21-64): 89.percent; below target of 94 percent.
- Breast cancer screening: 81percent; below target of 87 percent.
- Secure messaging: 84.87 percent of women's clinic has opted-in for secure messaging; target 15 percent.
- Diabetes mellitus blood glucose testing not done/poor control: 84.9 percent; exceeding target 79 percent.
- Women's health clinic missed opportunity rate (MOR): 8.6 percent, exceeding target 10 target.
- Opportunities to improve MOR for GYN appointments, reminder letter and phone calls, collaboration with specialty service extended hours, cancer screenings, secure message distribution lists, primary care staff education, WH nurse templates, monthly screening events, and in-reach activities.
- Strategic planning:
 - Provide comprehensive WH in all CBOCs.
 - Meet/exceed identified targets for performance measures.
 - Increase access to services for all women Veterans.
 - Assess current and future needs of women Veterans.
 - Focus on customer service.
 - Incorporate education on women Veterans' unique needs for all staff.
 - Ongoing WH nurse/provider liaison training.
 - Maintain dignity, privacy, and safety of women Veterans.
- Future projection/long range goals:
 - Develop more women Veterans-centered multidisciplinary programs.
 - Renovate existing space.
 - Establish new clinics.
- Women Veterans Program – Charleston.
 - Ralph H. Johnson VAMC, Charleston South Carolina is a 118-bed primary, secondary and tertiary care facility.
 - It provides comprehensive health care for over 53,000 unique patients in Eastern/Coastal South Carolina and Georgia.
 - Total number of women Veterans enrolled is 8,437; 5,420 active users; and 1,317 OEF/OIF/OND.
 - Strategic planning:
 - The Women's Health Strategic plan-included in VAMC plan for providing care to women Veterans.
 - Goal is to improve the women's health program, to include ensuring women Veterans receive appropriate care in the most appropriate setting.
 - Actions: enhance women's outpatient services.
 - Metrics: a suite that would be private to women Veterans--no through traffic and conducting quarterly focus groups that would provide feedback on the effectiveness of women's health and services at the VAMC.
 - All future clinic planning includes the designation of private suites for women Veterans, with no through traffic.
 - Through outreach, in-reach, activities and advocacy, WH enrollment/uniques are increasing.

- Completed WH clinical summit and ongoing quarterly focus groups.
- Performance measures:
 - Mammography, cervical screening, gender disparities.
 - Monitor, track, contact outliers, send monthly noncompliance reports, collaborate with primary care administration twice a week to address any issues, action plans and outcomes.
 - Collaborate with MOVE, health promotion disease prevention, diabetes educators, quality management, external peer review program, to improve performance.
 - Report outcomes to Chief of Staff, Chief of Social Work, Primary Care Administration.
- Best practices:
 - Hiring additional GYN staff to enhance services, including a Gyn/oncologist proficient in robotic surgery.
 - Baby showers/shared medical appointments for maternity patients.
 - Family centered waiting rooms, bathrooms and lactation room.
 - WH clinical summit for primary care.
 - DOD sharing agreements.
 - Robust outreach program.
 - Practice-based research network (PBRN) site, only designated WH research site in VISN 7.
 - Tele-health.
- Future projects/long range goals:
 - Establishment of new clinics with private WH suite in Hinesville and Savannah.
 - Renovations throughout clinics and main hospital.
 - Center of excellence.
 - Collaborating with VISN Lead on in-house mammography and TeleGYN.
- Women Veterans Program – Augusta.
 - The Charlie Norwood VAMC (CNVAMC) consists of two divisions, Downtown and Uptown, located approximately three miles apart in Augusta, Georgia.
 - CNVAMC operates two CBOCs (Athens, Georgia and Aiken, South Carolina) and a primary care tele-health outpatient clinic in Statesboro, Georgia.
 - Number of women Veterans enrolled in Augusta VAMC is 4,320; 3,352 are users.
 - In Aiken CBOC, there are 544 women Veterans, and in Athens CBOC, there are 570 women Veterans. There are 3,425 OEF/OIF/OND Veterans enrolled in Augusta; 655 are women.
 - Strategic goals:
 - To utilize personalized, proactive, and patient-centered model of care for women Veterans.
 - Objectives are to provide ongoing culture change through outreach/in-reach, provide sensitive and safe environment at all points of care and increase access through dedicated/committed pro women's health care providers/care givers.

- To develop, implement and execute VA women's health policy, including enhancing reproductive health care and increasing understanding on the effects of military service on women Veteran's lives.
 - Objectives are to expand WH educational programs within ED, identify gaps in current policies in reproductive health and GYN, and promote child care education.
- To maintain clinical proficiency in WH providers and staff through timely/updated training, education, effective measures and assessment.
 - Objectives are to promote mandatory courses in WH, to include volunteers and work study staff; provide sensitivity training for staff and Veterans; and encourage mini-residency training and teratogenic drug education.
- Best practices:
 - Awarded education grant in 2009.
 - Developed pregnancy/lactation clinic reminder/alert.
 - Correction of environmental care issues: feminine hygiene dispenser in bathrooms, baby changing stations in bathroom, privacy locks, exam room curtains, and exam tables turned away from door.
 - Awarded funds to remodel three inpatient rooms; new design promotes privacy and in-room bath comfort.
 - Awarded funds to design MH inpatient nursing station, to promote safety.
 - Developed action plans to improve diabetes management.
 - Proposal to include local hospital as alternate mammogram facility (thereby increasing mammogram compliance).
- Future projects/long range goals:
 - Renovations to the WH clinic.
 - Collaborating with VISN Lead on in-house Mammogram and Tele-Gyn.
 - Succession planning for WVPM.
- Women Veteran Program – Columbia.
 - The William Jennings Bryan Dorn VAMC in Columbia, South Carolina had 5,336 women Veterans enrolled in FY 12 and 1, 762 women Veterans are OEF/OIF/OND.
 - Future projects/long range goals:
 - Tele-GYN.
 - Increase shared medical appointments for diabetes and hypertension.
 - Establish a center of excellence for diabetes.
 - Increase staffing.
 - Increase provider education.

OEF/OIF/OND Program, Kerry Traviss, Program Manager, OEF/OIF/OND Program, Atlanta VAMC

- The mission of the Transition and Care Management Program is to ensure a seamless transition of health care and benefits for every OEF/OIF/OND Servicemember.
- The program responsibilities include:

- Transition care, which provides a full benefits briefing, case management screening and referrals.
- Care management services, to provide psycho-social assessment, case management and referrals.
- Program detail:
 - Care managers are comprised of nurses and social workers who have specialized knowledge in managing patients with complex care needs.
 - Case management is a method of providing services whereby a professional assesses the needs of the client, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs.
 - Referral sources:
 - Military treatment facilities (MTF): serve as the VAMCs point of contact and facilitate all referrals for active duty Servicemembers and those on transitional leave.
 - Other VA programs: Veterans relocating and requesting assistance with establishing their care within the health care system.
 - Walk-in's: Veterans who walk-in to register and enroll for health care.
 - Care management tracking and reporting: a national database for documentation. All case management correspondence is placed in this database; it also holds reports and national program statistical data.
 - OEF/OIF/OND care management:
 - Severely injured/seriously ill include amputations, severe burns, spinal cord injuries, blindness, severe traumatic brain injury, and severe mental illness.
 - Non-severe injuries include significant mental health issues, and recent suicidal or homicidal behavior.

Discussion/Wrap Up

Tuesday, August 20, 2013 – Atlanta VAMC, Bobbie Vance Classroom, Room 3A-197

Meeting was called to order by Chair.

Medical/Surgical Specialty Integration Clinic, Dr. Peter Thule, Chief Endocrinology, and Assistant Chief, Medical Specialty Service Line, Atlanta VAMC

- For gender neutral conditions, women Veterans receive the same exceptional care as male Veterans.
- Cardiology.
 - Cardiology significant to women Veterans - cardiac outpatient clinics (20%) and cardiac echocardiography (20-25 percent): two female echocardiographers.
 - Cardiac Catheterization (10 percent) – generally performs procedures via radial approach avoiding the groin.
 - Offer a stress-echo alternative to nuclear medicine for suspected coronary artery disease.

- Infectious Diseases.
 - Primary care for Veterans with HIV disease (currently 48 women) – routine gynecologic issues addressed by Women’s Health Clinic.
 - Obstetric and pregnancy issues are referred to the women’s clinic at the Grady Ponce Clinic.
 - Hepatitis C Virus – currently 147 women are treatment by Primary care and GI Clinics.
 - Specialty advice and consultation to any women with sexually transmitted infections.
- Endocrinology and Metabolism.
 - Assessment and treatment include post-menopausal osteopenia, osteoporosis, Vitamin D deficiency, pituitary tumors, auto-immune thyroid disorders, diabetes mellitus and hirsutism syndromes.
- Rheumatology.
 - Care for patients with rheumatoid arthritis, fibromyalgia, systemic lupus erythematosus (SLE), Sjogren’s syndrome, and scleroderma (female enrichment) and assessment and treatment for osteoarthritis.
- Nephrology and Renal Disease.
 - Appropriate treatment of osteoporosis with severe chronic kidney disease.
 - Protection of fertility in women of child bearing age receiving Immunosuppression (SLE, granulomatous diseases, etc).
 - Educating women of the dangers of class C and D medications during pregnancy.
- Sleep Medicine Clinic.
 - Women Veterans Day (standardized questionnaire data): prevalence – 75 percent sleep apnea and 85 percent insomnia.
 - Expansion of sleep laboratory in 2015.
 - Cognitive behavioral therapy for insomnia is in development. Telemedicine program tailored 65 percent of cases toward women.
- Accelerating care through collaborative management:
 - Women Veterans undergoing breast biopsy at St. Joseph’s have pathology slides reviewed here, with testing for invasive cancers.
 - Breast cancer diagnosis logged with case manager in radiology who alerts women wellness, medical oncology, surgery and primary care.
 - Medical oncology initial case management.
- Pathway for genetic testing of breast cancer syndromes with counseling.
- Established prosthetics consultation for wigs in women with breast cancer.
- E-consults.
 - To improve information flow through primary care and patient. Providers put in questions, we answer within 24 hours, but have up to 72 hours to respond.

Breast Feeding and Lactation Program, Tiffany Taylor, Dietitian, Nutrition and Food, Atlanta VAMC

- The Breastfeeding and Lactation Promotion and Support Program consist of Breastfeeding and Lactation committee, lactation support policy, lactation room and a public health quality improvement grant.

- The committee members include project manager, women Veterans health program manager, health promotion and disease prevention program manager, Veteran health education coordinator, nursing education coordinator, PACT coordinator, women's wellness nurse manager, women's center of excellence program director, women's health provider for East Point CBOC and MOVE! program manager.
- The purpose of the breastfeeding and lactation committee is to protect, promote and support breastfeeding and lactation in the Atlanta VA Medical Center. Our responsibility is to coordinate the development and implementation of a facility-wide lactation promotion and support program for Veterans, guests and staff.
- The purpose of the lactation support policy is to establish guidelines for promoting a breastfeeding friendly environment in the Atlanta VAMC. Our policy promotes and supports breastfeeding and the expression of breast milk by the following:
 - Employees who are breastfeeding, visitors and patients in accordance with the Office of Personnel Management (OPM).
 - Encourage employees, patients and management to have a positive accepting attitude toward breastfeeding and lactating women.
- The lactation room is devoted strictly to lactating and breastfeeding women.
- Breastfeeding and Lactation Promotion and Support in the VA Healthcare Environment Grant. Eighteen grants awarded nationally with \$24,000-FY13 funds for training, tool kit production and supplies.
- Breastfeeding and Lactation Promotion and Support in the VA Healthcare Environment Deliverables.
 - Certification training of four lactation consultants (CLC).
 - Modification of 'The CDC Guide to Breastfeeding Interventions' and 'Your Guide to Breastfeeding' to VA women Veterans.
 - Completion of Train-the-Trainer training via various training modalities.
 - Implementation of Lactation Promotion and Support components including support groups, lactation classes and usage of breast pumps.
 - Development of a Lactation Promotion and Support Program tool kit for implementation at any VA health care facility.
- Next Steps.
 - Launch breastfeeding and lactation education classes.
 - Market tool-kit to VA health care facilities nationwide.
 - Develop health care provider training on benefits and basics of breastfeeding and lactation.
 - Launch Atlanta VAMC affiliated Webpage on lactation and breastfeeding.

Tracking System for Continuity of Care and Patient Safety, Dr. Vijay Varma, Chief, Pathology, Atlanta VAMC

- Created a timeline for the patients and put them on a tracking system that is only used in Atlanta.
 - Developed 2 years ago to track how many patients pending after 60 days.
- Notes are put in the system to explain why a patient has not returned, or did not make their appointment.
- Creates follow-up status reports.
- Used as a safety and management tool.

- Dashboard shared with managers of clinic to view volume of cases and ensure timely care.

Women Veterans Health Committee, Dr. Belen Gutter, Co-chair, Women Veterans Health Committee, Atlanta VAMC

- Women Veterans Health Committee's purpose:
 - Serves as a governing body responsible for oversight and management of the Women's Health Program (WHP).
 - Women Veterans Health Committee (WVHC) ensures that eligible women Veterans have access to comprehensive medical care--including care for gender-specific conditions and mental health conditions that is comparable to care provided for male Veterans.
 - WVHC assists in the development of strategies for assuring the health care system plan and VA Central Office directives are achieved.
 - WVHC assists the WVPM in carrying out duties and responsibilities of the position, provides recommendations to leadership for improving services, and programs for women Veterans.
 - WVHC makes recommendations for program improvement to the VAMC's executive committee; presented by the WVPM, or the WVHC medical director.
 - WVHC makes recommendations for program improvement to the Women Veterans Health Strategic Planning Committee, and presents to the strategic planning committee at minimum annually, and as needed.
- As a member of the WVHC, the VBA's Women Veterans Coordinator works to educate women Veterans on the medical and mental health eligibility requirements for women Veterans to navigate the compensation and pension benefits process.
 - This relationship facilitates improved patient care.

WH Collaborative Workgroup (Veterans Health Administration, Veterans Benefits Administration, Department of Labor), Dr. Janire Nieves, Director, Leadership Training Team, Physician Leadership Program, Atlanta VAMC

- Women Veterans Symposium (WVS):
 - The target is the women Veterans in the VISN 7 catchment areas and service providers.
 - Problems identified were that VISN 7 remains the third largest and fastest growing women Veteran population in the nation, yet has the third lowest market penetration of the women Veteran population, and women Veteran in the catchment area have limited knowledge and understanding on how to navigate through different systems, or how to contact service providers.
- Transformation initiatives will include patient centered care organization, preventive care, real-time virtual medicine (Telehealth) expansion, improved access for rural Veterans, zero homelessness, and timely access to care (system redesign).
- WVS vision is to become a national leader in women Veterans education, health promotion and innovative, comprehensive, patient-driven health care delivery.
- Our mission is to empower women Veterans through knowledge and information on available resources, benefits and services while providing them with a forum where

they can raise their concerns and establish communication networks with fellow women and service providers.

- Future goals:
 - Educate women Veterans on VA's continuous efforts to transform health care delivery, implement new VA education initiatives and develop VA health policies that eliminate gender disparities, expand enrollment and access, improve privacy, security and environment of care, optimize emergency room care and enhance mental health and homeless services.
 - Strengthen VA's mission by presenting and addressing relevant and up to date information on health care services, mental health counseling (MST, PTSD, suicide prevention), homeless services, employment, training, professional development and career counseling, as well as, federal and state benefits for Veterans, dependents and survivors.
 - Support VA's effort in promoting health services and driving a culture change effort that emphasizes innovative ways to deliver comprehensive, coordinated, patient-driven, quality healthcare to women Veterans by adapting a team-based approach to care known as patient aligned care team (PACT) and making use of innovative technologies such as telepharmacy, telegynecology, telematernity, eBenefits and MyHealthyVet among others.
 - Provide a forum for women Veterans to meet face-to-face with representatives from Federal state, local and non-profit organizations to address specific issues, share their stories and network.
 - Identify community resources that provide care and services to women Veterans in rural areas, assess their readiness to provide trauma-informed care and provide opportunities for them to become educated on how women Veterans experience trauma and the impact it has on their ability to function, trust others, and use available resources.
 - Offer resources to assist service providers on how to effectively deliver supportive services that prepare homeless women Veterans to reintegrate into their communities and once again become productive members of society.

Trauma Recovery Program, Dr. Kelly Skelton, Medical Director, Trauma Recovery Program, Trauma Recovery Program, Atlanta VAMC

- Trauma recovery program's mission is to provide the best available, evidence-supported, specialized mental health care to Veterans with symptoms of PTSD and other psychological symptoms related to experiencing a traumatic event while in military service.
- The treatment provided in the trauma recovery program is founded on the expectation that with the provision of the best available care Veterans can heal from the psychological impact of trauma and recover from PTSD symptoms.
 - Service is provided to Veterans of all eras who experienced one or more traumatic events during their military service.
 - In FY 12, 2,705 unique patients were served in individual treatment and 1,270 unique Veterans in group treatment.
 - In FY 12, a total of 24,447 encounters were completed; approximately 20 percent of the Veterans treated within the program are women Veterans.

- Services are provided by psychologists, social workers and psychiatrists as part of an interdisciplinary team.
- Psychology practicum students and interns, social work interns, and psychiatry residents on the treatment team are under direct supervision, to support team's educational and training mission.
- Services are provided in person at the Atlanta VAMC, the Rome Clinic and the Trinka Davis Veterans Village. In addition, treatments are provided via telemental health to the following CBOCs: Blairsville, Austell, East Point, Oakwood, Rome, Newnan, Stockbridge, and Lawrenceville.
- **MST:**
 - Approximately 20-25 percent of women Veterans and one percent of male Veterans screened endorse a history of MST.
 - The trauma recovery program includes a multidisciplinary treatment team of psychologists, psychiatrists, clinical social workers, a nurse practitioner and various trainees, specifically organized and trained to treat MST (for male and women Veterans).
 - Referrals to the program for the treatment of Veterans with MST have increased at a higher rate than any other consults to TRP. Currently, we receive an average of 30-35 MST consults per month.
 - Currently, 90 percent of Veterans actively treated on the MST team are female.
 - Treatments provided on this team include psycho-education (PTSD 101), individual prolonged exposure therapy, cognitive processing therapy (individual or group), and dialectical behavior therapy. In addition, Veterans receive psychiatric care, case management, peer support services and crisis intervention as needed.
- **OEF/OIF Veterans and MST survivors are the fastest growing groups of Veterans referred to the trauma recovery program.**
 - There are 60-65 OEF/OIF/OND era consults monthly; 20 percent are female Veterans.
 - There are 30-40 MST monthly consults; 90 percent are female.

Domiciliary Program, Laura Hatcher, Clinical Social Worker, Domiciliary Care for Homeless Veterans (DCV) Program, Atlanta VAMC

- This program is soon to open.
- Since 1987, the Atlanta VA Medical Center has aggressively reached out to homeless Veterans through the Health Care for Homeless Veterans Program (HCHV).
- Initially designed to offer treatment for substance abuse and psychiatric problems, the Homeless Veterans Program has gradually expanded to offer help with housing, long-term case management, work therapy, veterans justice outreach and assistance with permanent employment.
- The program continues to expand its comprehensive network of services, to better meet the needs of homeless veterans.
- The program goals are to assist with mental health and substance abuse treatment, physical health assessment and follow-up, recovery lifestyle development,

social/life/parenting skills development, independent living, short term and stay based on goals assessed.

- Challenges encountered when assisting Veterans include: long history of substance abuse/dependence, history of military and/or childhood sexual abuse, poor family relations, insufficient education and work experience, legal/financial problems, multiple episodes of homelessness, history of mental health issues and low self esteem and self worth.
- Challenges addressed with individual sessions with case manager, weekly groups, link to VA and community providers for mental health and substance abuse treatment, longer length of stay needed to address multiple issues, structured and supportive living environment, support and encourage rebuilding family relationships and assist in obtaining employment.
- The Homeless Women Veterans Program helps women Veterans, with honorable discharges, who are homeless and desire treatment for mental health or substance abuse issues.
- The program offers case management services. Case managers outreach at shelters, soup kitchens, and other places where homeless women are known to gather.
- Case managers do on-the-spot needs assessments, refer Veterans to enroll in the program and coordinate appropriate resources; resources may include placement in residential treatment facilities.
- Women enrolled in the HWVP are eligible for other services in the Homeless Veterans Program.
- Other health care services for homeless Veterans are: Veterans industries, compensated work therapy (CWT), transitional work experience; Veteran receives transitional work experience to develop and improve work habit, attitude, increase self-confidence and esteem.
- Support employment programs:
 - Assists Veterans with severe mental illness, obtain and maintain competitive jobs in the community.
 - Transitional residence/psychosocial residential rehabilitation treatment program.
 - VA owns houses in residential communities that are available to CWT clients who want and need structured therapeutic housing.
- Through a joint initiative with VA, HUD has set aside Section 8 housing vouchers.
- Health care for Re-entry Veterans/Veterans Justice Outreach is designed to address the community re-entry needs of incarcerated Veterans.
- The Atlanta VAMC has two grant and per diem providers:
 - Phoenix Rising provides 20 beds for single females.
 - Mary Hall Freedom House, Inc. provides 30 beds for single women and women with children. Mary Hall has both a contract and grant program.
- Grant and per diem program for women started 2011, as a VA initiative to establish transitional housing and supportive services to homeless Veterans, through partnerships with community, non-profits, and government agencies.
 - The ultimate goal of the program is to reintegrate the Veteran back into the community at the highest level of functioning, ending the cycle of homelessness.

Overview of Mental Health Services, Dr. Karen Drexler, Acting Manager, Mental Health Service Line, Atlanta VAMC

- Care is provided when and where the Veteran needs services.
 - Care provided in facilities and CBOCs.
 - Evening and weekend hours are available.
- Primary care-mental health integration:
 - Co-located collaborative care is provided in all primary care clinics.
 - Psychiatric support is provided by the mental health assessment team.
 - Short-term treatment is available for depression, anxiety, PTSD, and problem drinking in primary care.
 - Primary care providers receive education and are offered consultation to improve their care for Veterans who have mental health conditions.
- Acute mental health services:
 - The mental health ED annex and ED consultation service offers a dedicated, secure area, outside of the medical ED, to treat acute psychiatric emergencies.
 - Operates 24 hours, seven days per week.
 - Staff includes a psychiatrist or resident, a social worker, and nurses.
- Inpatient mental health unit:
 - A 40 bed acute inpatient psychiatry unit, with six treatment teams.
 - Average length of stay in 2012 was 10.6 days.
 - Currently developing a recovery oriented program for common diagnoses and groups of Veterans, to include women Veterans.
- Mental health assessment team:
 - Offers comprehensive diagnosis and initiation of treatment in one visit.
 - Appointments can be scheduled within 14 days.
 - Team provides same-day response; stable patients can be referred from ED triage.
- Substance abuse treatment programs (SATP):
 - SATP offers a comprehensive continuum of care for Veterans with high-risk substance use or substance abuse disorder.
 - Provides medication treatment for detoxification and for maintenance recovery.
 - Employs evidence-based talk therapies for substance use disorders and co-occurring mental illness.
 - SATP offered at the Atlanta VAMC, the VA Clinical Annex in Northlake, and the Oakwood, Blairsville, and Fort McPherson CBOCs.
- General mental health clinic:
 - Integrated multidisciplinary teams:
 - Atlanta VAMC main campus.
 - Fort McPherson CBOC.
 - Specialty mental health teams at eight CBOCs.
 - Multidisciplinary teams include:
 - Psychiatry, psychology, social work, nursing.
 - Medication, individual, and group therapies.
- Psychosocial rehabilitation and recovery center offers:
 - Wellness programming; peer leadership and support services; family psychoeducational and family educational programs.

- Designed to integrate customer feedback into development of curriculum and curriculum changes.
- Health care for homeless Veterans:
 - Homeless Veterans Hotline: 1-877-4AID VET (1-877-424-3838).
 - Mental health residential rehabilitation treatment programs:
 - Compensated work therapy transitional residence.
 - A 40 bed homeless Veterans domiciliary, to open in FY 14.
 - Grant and per diem transitional housing programs:
 - Existing treatment beds (50 for women Veterans/women with children): 232.
 - Community emergency housing beds for Veterans: 20.
 - Supported housing vouchers:
 - HUD-VASH I – Permanent housing vouchers for Veterans.
 - HUD-VASH II – Permanent housing for seriously mentally ill Veterans.
 - Outreach to Veterans in the justice system:
 - Re-entry program for Veterans being released from State and Federal prisons.
 - Veteran justice outreach, to assist Veterans involved in court and local jails.
 - Compensated Work Therapy (CWT)
 - Transitional work program.
 - Supported employment for seriously mentally ill.
 - Women Veterans program, to enable treatment and housing.
- Domiciliary care for homeless Veterans at the AYA Center serves homeless Veterans, or at-risk Veterans who need rehabilitation, empowering them to reach their aspirations and promoting self-sufficiency.
- The trauma recovery program offers evidence-based psychotherapy and medication through prolonged exposure (PE), cognitive processing therapy (CPT), and dialectical behavior therapy (DBT).
 - The multidisciplinary teams (psychiatry, social work, and psychology) have three treatment teams: PE and CPT; Evaluation and DBT; and military sexual trauma (MST).
 - OEF/OIF Veterans and MST survivors are the fastest growing groups of Veterans referred to the trauma recovery program.
- The suicide prevention coordination program assists Veterans at risk for suicide; provides education and awareness of the problem suicidality in the Veterans population, their families, and their health care providers; and reduces the stigma of ongoing urban and rural outreach.

Michelle Lindsay-Bailey, Clinical Social Worker, Military Sexual Trauma (MST) Program, Dialectical Behavior Therapy (DBT) Team, Atlanta VAMC

- Every facility must have a designated MST coordinator.
- All treatment (including medications) for physical and mental conditions related to MST is free.
- All Veterans seeking VA care must be screened for MST.
- Reviewed diagnosis associated with MST, symptoms and recovery.
- MST/DBT Team Atlanta VAMC.
 - A part of the Trauma Recovery Program (TRP).

- Specifically organized and trained to treat MST (for men and women), complex trauma, and traumatic concerns unique to women.
- Multidisciplinary treatment team of psychologists, psychiatrists, clinical social workers, nurse practitioners and various trainees.
- Stage one:
 - Focuses on stabilization that includes a 4-week psycho-educational group, providing didactic training on trauma and PTSD.
 - Symptom management involves breathing training, grounding techniques, sleep hygiene, using positive activities, introduction to in vivo exposures, and medication management.
- Stage two:
 - Focuses on prolonged exposure therapy, cognitive processing therapy and additional trauma-focused interventions.
- Stage three:
 - Focuses on activation and reconnection through peer support groups, behavioral activation and advanced in vivo exposure.
- Outreach efforts:
 - MST coordinator partnering with WVPM, to provide training to VA employees and information to Veterans.
 - MST coordinator and team leader accessible to WVP coordinator at the Atlanta VA Regional Office.
 - Trauma recovery program partnership with the homeless program's clothesline project to increase awareness of MST.

Behavioral Health Lab (Mental Health/Primary Care Integration), Dr. Makenya Pringle, Acting Primary Care Mental Health Integration Coordinator, Atlanta VAMC

- Active care management software has just recently been approved nationally.
- Co-located collaborative care currently provided in most primary care clinics, basically following Center for Integrated Healthcare model of treatment.
- Short-term treatment is provided for depression, anxiety, PTSD (usually sub-threshold), and problem drinking in the primary care setting.
- Provide education and support to primary care providers to improve their care of Veterans with mental health conditions.
- Psychiatry support provided by mental health assessment team.
- Primary care mental health integration (PC-MHI):
 - Improves access to mental health evaluation and treatment, services provided same day as requested whenever possible.
 - Provides services in the primary care setting for Veterans, where appropriate, thereby reducing stigma and treating at appropriate level of care.
 - Provides timely referrals to other mental health service line (MHSL) programs, as appropriate.
 - Reduces unnecessary referrals to other MHSL programs, by providing services in primary care, or referring to Vet Centers or other community resources.
 - Provides a resource for primary care providers, to better treat veterans with MH conditions.

- Co-located, collaborative care services offered by an embedded behavioral health provider.
 - Visits are brief (generally 20-30 minutes); limited to less than 10 visits; provided in primary care as a routine service.
- Care management (often provided via telephone):
 - Mechanisms for systematic monitoring of symptoms and treatment of emergent problems such as non-adherence or side effects; decision support; patient education and activation; and assistance in referral to specialty mental health.

Substance Abuse Trauma Recovery (STAR) Program, Dr. Natasha Whitfield, Clinical Psychologist, Mental Health, Atlanta VAMC

- A 3 month, outpatient program.
- Women Veterans come in twice a week for 3 months.
- Maximum eight women per group.
- Evening programs offered for Veterans who work; co-ed group.
- OEF/OIF Veterans for combat in a recent conflict.
- Also offers co-ed group morning tracks.

Briefing on Residential Program for Women Veterans, Wanda Isbell, Residential Women Veterans Program at Mary Hall Freedom House, Atlanta VAMC

- For the first 30 days there is limited contact, very structured environment.
- Most women are resistant to the program in the beginning, but once they are stable, we focus on mental health.
- Founded in 1996, Mary Hall Freedom House is a nonprofit organization and a national leader in gender-specific treatment, recovery, housing and support services to help women and women with children break the cycle of addiction, poverty and homelessness.
- Founder and CEO Lucy Hall-Gainer is a recognized community health leader who has experienced addiction and conquered it firsthand.
- Mary Hall Freedom House, named after Hall-Gainer's mother who succumbed to alcoholism, helps women become successful, productive and self-sufficient.
- Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited and State of Georgia-licensed, Mary Hall Freedom House provides services to help women and children:
 - Fight and recover from addiction and mental health problems through outpatient, day and residential treatment, including Veteran-specific services.
 - Find support and a safe place to call home, through transitional and permanent housing for addiction recovery and homelessness with basic necessities provided.
 - Succeed and be self-sufficient through confidence-building employment readiness programs, including graduate education classes, vocational training and transportation assistance as well as life skills guidance, such as shopping, banking and housekeeping.
 - Reunifies and restores families, through counseling, parenting classes, childcare and after school programs.

- Helps Veterans heal and learn with medical treatment--such as examinations, screenings, immunizations, dental and vision care and medical, nutrition and fitness education from certified doctors, nurses and counselors.
- Mary Hall Freedom House empowers women Veterans to break the generational cycles of substance abuse.

Greetings and Welcome, Leslie Wiggins, Director, Atlanta VAMC

- The Atlanta VAMC is considering plans for a new building, about three miles from the current facility.
- Many Veterans are still not sure about what VA has to offer them; the VAMC makes an effort to ensure that they know why they should choose VA above other providers.
- Atlanta VAMC is putting together a committee to assess the needs of women Veterans.
- Assured the Committee that the director is actively assessing what the needs are in the medical center and listening closely.
- VAMC leadership is designing strategies to address the issues that are noted.

Patient Aligned Care Teams (PACT), Dr. Deborah Henry, Director of Operations, Women's Health Center of Excellence, East Point (CBOC)/For McPherson (CBOC)

- Access pillar is to achieve optimal access to the PACT, by offering patients single or group appointments and non-appointment options.
 - Aims to offer face-to-face appointments today with the primary care physician/teamlet for any problem, urgent or non-urgent (telephone clinics, acute visit slots).
 - Respond to patient generated calls within 24 hours, increase care provided in group visits/shared medical appointments and answer 100 percent of secure messages within 72 hours.
 - Improve access to specialty care (e-consults, tele-health) and continuity of care with primary care provider/ teamlet (walk-ins, telephone care) patient driven.
- Practice redesign goals:
 - Improve PACT team communication and work processes, so that the right person does the right work at the right time on behalf of the patient.
 - Aim to reduce cycle time of the patient visit (pre-visit reminders, rooming, and decrease interruptions).
 - Improve PACT team communication (team meetings, huddles, and instant messaging).
 - Respond to 100 percent of refill requests within 24 hours and notify 100 percent of patients regarding test results within 14 days.
 - Call all patients to remind them of their scheduled appointments with their PACT team.
- Care coordination and management goals:
 - Provide the right care in the right place at the right time and ensure the right things get done at the right time.
 - To identify patients at high risk for higher levels of care and appropriately intervene (disease registries, and other health protocols).

- Improve the timeliness and reliability of transitions/hand-overs between inpatient and PACT (registered nurse care manager).
- Improve outpatient transitions/hand-overs between the PACT and specialty care (e-consults, must answer numbers).
- Offer 100 percent of patients' age appropriate preventive care (clinical reminders, due reminder reports).
- Offer 100 percent patients' disease specific chronic disease care (tools).
- Provide post-hospital discharge follow up calls/care to all patients hospitalized at VA facilities within business two days.
- Notify PACT provider of all ED and hospital discharges via CPRS view alerts.
- Long term PACT goals:
 - Provide superb access (including alternatives to face-to-face care) to primary care to meet Veterans' needs and expectations.
 - Provide seamless coordination of care with VA and with non –VA providers.
 - Decrease hospitalizations and emergency visits and improve clinical outcomes.
 - Redesign primary care practices and team roles to facilitate a patient centered culture.

Briefing on the Women's Health Center of Excellence and facility tour, Dr. Glenda Wrenn, Curriculum Coordinator and Dr. D'nyce Williams, Women's Health Center of Excellence, East Point (CBOC)/Fort McPherson (CBOC)

- Innovative programs in integrated care were first developed in settings like the Veterans Health Administration's Federally Qualified Health Centers (Cherokee Health System), and HMOs (Kaiser Permanente).
 - These programs focused on the treatment of depression within primary care.
- Collaborative care (working closely together) and integrated care (working within the same treatment environment) are important distinct attributes of "integrated efforts."
- Urgency of effort:
 - Fourteen percent of active duty and 18 percent of National Guard and Reserve forces are women (compared to 2 percent in 1950).
 - The nature of warfare puts women in hostile battle space in ever-increasing numbers, with increasing opportunity for direct fire combat with armed enemies.
 - Women are sustaining injuries similar to their male counterparts, both in severity and complexity.
 - Women are the fastest growing cohort within the Veterans community.
- Specialists and trainees (primary care and specialty) are integrated at the East Point CBOC and provide services in collaboration with VA PACT, which expedite access to specialists, improve communication, improve coordination of care, increase patient satisfaction and provide/improve trainee exposure to team-based, coordinated care.
- Trainee goals and objectives:
 - Experiential training in an integrated care environment.
 - Exposure to women Veterans population which will be a rising demographic in VA and civilian treatment settings.
 - Opportunity to learn about the complex needs of women Veterans and treat them in a holistic manner.

- Targeted education on specific topics relevant to chronic disease management from multiple discipline perspectives.
- Clinical services include gynecology, psychiatry consultation, tele-dermatology, tele-retinal assessment and joint injection.
- There were 478 patient encounters September 2012 – July 2013 and the majority (83 percent-98 percent) of patients were seen within the 7 days of their desired appointment dates.
- Several of the clinic specialties have had 100 percent monthly rates for patient appointments on the indicator.
- The ACWV was provided a tour of the Women's Health Center of Excellence.

Discussion Wrap Up

Wednesday, August 21, 2013 – Atlanta VAMC, Pete Wheeler Auditorium, Room GA104

Meeting was called to order by the Chair.

Homeless Veterans Program, April Edwards, Director, Homeless Program, Atlanta VAMC

- Problems facing homeless Veterans include: no income, comorbid mental illness, debt, and legal issues.
- Circumstances surrounding homelessness include: mental illness, substance abuse, incarceration, unemployment, income below poverty line, and other life circumstances.
- Homeless programs do outreach with United Way and other agencies.
- VA offers mental health residential rehabilitation treatment programs.
- Grant and per diem transitional housing programs have 182 existing treatment beds, and are adding 50 additional beds for women Veterans/women Veterans with children.
- The program has two reentry social workers that work with area prisons.
- The program is not able to house women Veterans with children over 13 years of age.
- There is an average 90-day stay in the program.
- Atlanta VAMC has housing vouchers for only five counties.
- VA administers the homeless programs with the concept of stabilizing housing for the Veteran first to facilitate treatment for other psychosocial issues.
- Annual stand down for homeless Veterans:
 - FY 11 stand down served 641 homeless Veterans (including 57 women Veterans).
 - Stand down was held at the Atlanta VAMC allowing Veterans to receive specialty medical care.
 - Community resource and referral center allowed space for community partners to participate.

Caregiver Support Program, Clara Glover/Nakkia King, Caregiver Support Coordinator, Nursing and Patient Care, Atlanta VAMC

- Caregivers are family members, significant others, friends, neighbors, and acquaintances.
- Caregiver statistics:
 - An estimated 65.7 million caregivers provide unpaid care to a care recipient.
 - Caregivers who have been providing care for 5 or more years are nearly twice as likely as short-term caregivers to report a decline in their health (24 percent long-term versus 14 percent short-term).
 - Thirty one percent of caregivers consider their caregiving situation to be highly emotionally stressful.
 - Fifty three percent of caregivers say that caregiving takes away time from friends and other family members.
 - There are 221 approved family caregivers and 34 women Veterans (15.8 percent).
- Caregiver's receive monthly stipends, access to health care cover coverage CHAMPVA, access to MH services, internet-based support/training and respite care.
- Eligible Veterans are those who sustained a serious injury (including traumatic brain injury, psychological trauma or other mental disorder) incurred or aggravated in the line of duty, on or after September 11, 2001.
 - Must also be in need of personal care services due to an inability to perform one or more activities of daily living and/or need supervision or protection, based on symptoms or residuals of neurological impairment or injury.
 - To be eligible for the Program of Comprehensive Assistance for Family Caregivers, Veterans must first be enrolled for VA health services, if not enrolled previously.
- Provides education: written information can help; however, a structured education program (one-on-one session or group setting) may be the best way to assist caregivers.
 - Tools: coping skills, legal/financial planning, learning more effective communication skills, care techniques and safety.
 - Basic skills: these include learning to accept change, gaining knowledge, learning about resources, learning self-appreciation, understanding legal and financial needs, learning stress management techniques and self-care, and learning to prioritize their self care that in turn helps the caregiver keep control of his or her personal situation.
 - Skill training: may be specific/individualized such as in bowel and bladder training or more general such as in a self-care training.
- Provides emotional support, encouragement and comfort during difficult times.
 - Support may come from family, friends, peers, religious organizations, online support groups, face-to-face support groups, and professional assistance.
 - Encouragement for the caregiver, to allow caregivers to share feelings in a professional environment, or with an empathic peer, friend or family member.
 - VA clinical professionals or staff at any level in the organization can contribute to a system that promotes positive emotional support.

Tele-health Program, Benjamin McReynolds, Tele Health Coordinator, Office of the Chief of Staff, Atlanta VAMC

- Provided updates on technology available to help Veterans access services at the VAMC:
 - Chief complaint--until recently--has been getting back and forth to appointments.
 - Many Veterans live in the mountains and are leery of traveling to the city to receive care.
 - Capability to reach all the CBOCs.
 - Advances:
 - Teleretinal picture can be remotely transferred to provider through secure messaging device.
 - Screening patients for diabetes.
 - Tele-dermatology takes a picture and transfers it to a dermatologist; within 36 hours Veterans are diagnosed.
 - Cognitive behavioral therapy – real time videocom instantaneous feedback, sort of like Skype.
 - Peripheral devices on carts that allow provider to listen to heart sound; provider has special ear phones to listen to live lung sounds from that patient and issue diagnosis at that time.
 - Bladder scanner just developed.
- Advances give Veterans more convenience to access care, when and where they need it.
- VA wants to give them more specialized care, even in their homes, with assistance of caregivers in the next fiscal year.
 - Mental health:
 - Intake.
 - Assessments.
 - Trauma Services – PTSD.
 - Tele-nutrition programs.
 - Tele-audiology, where providers will be able to do hearing aid tests.
 - Tele-endocrinology coming down the line.
 - Implementation of tele-GYN.

Primary Care Nursing Grand Rounds, Patricia Skowron, Nurse Manager, Primary Care, Atlanta VAMC; Katurah Windham, Nurse Manager, Primary Care, Atlanta VAMC

- Challenges facing the Atlanta VAMC:
 - The Atlanta VAMC is steadily expanding to provide services to Veterans in outlying areas.
 - There are currently over 120 nurses working in 10 CBOCs.
 - Providing face to face opportunities for continuing education and discussion of current research topics for primary care nurses, due to the distance of the clinics from the main facility.
- Challenges are mitigated by the use of technology to facilitate information sharing and generate discussions across miles.

- In January 2012, a formal process to accomplish grand rounds and a journal club was initiated.
 - A telephone conference (via VANTS line) scheduled for the last Thursday/Friday of each month.
 - An electronic invitation was sent out to all nurses in primary care to attend the sessions.
 - The journal club is held on the last Thursday of every month. Prior to each session, the nursing research article to be discussed is sent to all nurses via email.
 - Grand rounds are held on the last Friday of every month. Prior to the session, the PowerPoint presentation is sent to all nurses prior to the session via email.
 - Front line nursing staff and nurse managers are presenters and facilitators.
 - Some journal club topics include: acts of caring; patient perceptions of patient care providers with tattoos and/or body piercing; barriers to addressing patient sexuality in nursing practice; bullying in the work place; and MST.
 - Some grand rounds topics include: MST; point of care urine pregnancy testing in primary care; virtual colonoscopy; home tele-health; bullying in the work place; and shared medical appointments in the management of diabetes.
 - The results:
 - Innovative technologies have provided a forum for the exchange of nursing expertise and current research topics, which supports evidence based practice.
 - Since the inception of the grand rounds and the journal club, 30-40 nurses are virtually connected each month.
 - These sessions have been well received, as evidenced by attendance and active participation.
- Future goals:
 - Education needs assessment of nursing staff for future topics.
 - Submit grand Rounds presentations to Nursing Education for continuing education credits.

The Committee toured the Atlanta VAMC's surgical units, medicine unit, inpatient mental health unit, outpatient mental health unit, radiology department, Women's Wellness Clinic, gynecology clinic, and the oncology clinic.

Discussion/Wrap Up

Thursday, August 22, 2013, Trinka Davis Veterans Village/Marietta Vet Center/Atlanta Regional Office

Trinka Davis Veterans Village and Community Living Center, Dr. Robert Novel, Jr., Physician Manager, Trinka Davis Village and Community Living Center; Dr. Connie Hampton, Associate Nurse Executive, Trinka Davis Veterans Village and Community Living Center

- The Committee was provided an historical overview of the Trinka Davis Foundation's efforts to establish Trinka Davis Veterans Village and future goals for increasing services for women Veterans.
 - Trinka Davis, inspired by her family's history of military service and her appreciation for the military service of Veterans, used her wealth to build the facility for Veterans who reside in Bowdon and Carrollton, Georgia.
- Trinka Davis Veterans Village, an outpatient clinic and community living center (CLC), opened in September 2012.
 - Core leadership team is comprised of a site administrator, an associate nurse executive, and a physician manager.
 - The CLC currently has 15 residents; two homes are unopened to date.
- Trinka Davis Veterans Village's staff envisions providing comprehensive; gender specific care for the women Veterans it serves; to providing a compassionate environment that makes services more accessible to women Veterans; collaborating with the Women's Health Center of Excellence at Fort McPherson; and providing seamless transition for Servicemembers separating from the military.
 - Trinka Davis Veterans Village's staff promotes exceptional patient-driven care, global professional excellence, and integrated community partnerships.
- Women Veterans represent 8 percent of the 2,822 Veterans seen since the facility opened; with 12,860 unique stops.
- The Office of Rural Health provided \$1.8 million to Trinka Davis Veterans Villiage for a women's health mobile medical unit, with mammography and telehealth capability to improve care for rural women Veterans.
- The Committee toured Trinka Davis Veterans Village and the collocated CLC.

Briefing on Atlanta VAMC's Mammography Program, IrmaLinda Bernard, Mammography Coordinator, Radiology, Atlanta VAMC

- The mammography program's mission is to reduce the mortality from breast cancer among Veterans.
- The program's vision is to provide quality standardized mammography access with timely assessment, informed patient navigation, and appropriate follow-up of Veterans who have abnormal mammograms on screening, through diagnostic work-up with contractor affiliate and appropriate surgical alternatives within the professional model of care.
- The intent is for the contractor to provide mammography examinations that are performed with dedicated state of the art equipment, using digital compression technique and provision of accurate reports in a timely manner.
- For routine screening, scheduling is done within 30 days, to maintain compliance with VA advance clinic system.
- Scheduling is done within 7 days, for diagnostic mammograms, breast ultrasound and biopsies.
- Radiology collaborates with the St. Joseph Breast Health Center to provide follow-up—based on VHA guidelines--on no shows to minimize rate.
- Timely entry of reports within 48 hours in CPRS Vista imaging to alert providers.
- New diagnosis of breast cancer:
 - Face to face discussion of diagnosis with vendor physician and patient.

- Primary care physician notified; consults with hematology/oncology departments and general surgery conducted at the VAMC.
- Breast magnetic resonance imaging (MRI) ordered.
- For breast reconstruction: patient referred to plastic surgery department, at discretion of general surgery.
 - VA performs surgery on palpable mass and non-VA Fee out to Breast Surgeon for non-palpable mass.
- For genetic counseling regarding breast cancer risk, Veteran is referred to hematology/oncology for counseling and referral to outside for genetic testing.

Overview of Marietta Vet Center, Dr. Curtis Lucas, Team Leader, Marietta Vet Center, Readjustment Counseling Center

- The Committee received an overview of services provided at the Marietta Vet Center, as well as information on how the staff meets the unique needs of the Veterans they serve.
- The Committee toured the Marietta Vet Center.

Overview of Services Provided at the Atlanta Regional Office, Al Bocchicchio, Director, Atlanta VA Regional Office, VBA

- Veteran population in Georgia as of September 30, 2012 is 776,205, 3.5 percent of the national Veterans population; 671,172 are male Veterans (86.5 percent) and 105,033 are women Veterans (13.5 percent).
- There are 128,711 Veterans receiving compensation(C), 2,868 Veterans receiving pension (P), and total C&P benefits paid is \$145.8 million monthly.
- The Atlanta VA Regional Office (RO) is the only RO that houses four of VBA's business lines to include: disability compensation, education, loan guarantee and vocational rehabilitation and employment (VR&E), with 4,000 cases pending--the fourth largest workload in the United States.
- Total RO employees (as of August 17, 2013):
 - Veterans Service Center: 417
 - Education service: 145
 - Loan guarantee: 124
 - VR&E: 60
 - Management and support: 51
 - Total employees: 797
- There are 486 (60.6 percent) Veterans employees, 296 (36.9 percent) disabled Veterans employees, and 210 (26.2 percent) women Veterans employees.
- The RO completed 69 MST cases in FY 12, and 163 MST cases year to date for 2013.
 - A total of 170 cases are currently pending (9 ROs have a larger pending inventory).
- The RO currently has 9 raters, 26 special operator teams, and 12-14 staff members who are certified to work MST claims.
- Special initiatives update:
 - Transformation to new organizational model – three segmented lanes.
 - Veterans Benefit Management System (VBMS) – live in December 2012.

- One and two year old claims initiative.
- VHA physician at the RO.
- National workload strategy.
- The Atlanta Regional Processing Office (RPO) is one of four offices in the country processing education claims.
 - Jurisdiction includes Georgia, North Carolina, Puerto Rico, and the Virgin Islands.
 - Atlanta RPO has 9,645 claims pending and approximately 70 percent of pending workload is for the Post 9/11 GI Bill.
- Education performance, includes Veterans Retraining Assistance Program (VRAP).
 - Processing original claims: 33.2 days (FYTD), 21.9 days (MTD).
 - Processing supplemental claims: 13.5 days (FYTD), 5.6 days (MTD).
 - Payment accuracy is 98.3 percent.
- The Atlanta Regional Loan Center (RLC) services Georgia, North Carolina, South Carolina, and Tennessee.
 - Atlanta RLC processes the second largest volume of VA loans in the United States.
 - In FY 12, there were 80,253 processed; projected to process 92,500 loans by the end of FY 13.
 - Atlanta RLC assumed National responsibility for issuing certificate of eligibility (COE) on October 1, 2012.
 - Over 332,744 COE have been issued (FY 13), in an average of 3 days.
 - Atlanta RLC assists Veterans with alternatives to foreclosure (repayment plans, loan modifications, compromise sales, etc.).
 - There were 4,565 Veterans successfully assisted in FY 12 and approximately 4,320 Veterans successfully assisted in FY 13.

Briefing on Georgia and Marietta National Cemeteries, Margaret Helgerson, Director, Georgia and Marietta National Cemetery, National Cemetery Administration (NCA)

- The Georgia National Cemetery opened for burials on April 24, 2006.
- A new 775-acre National cemetery in western Cherokee County, GA, will serve Veterans for the next 50 years.
 - The property on which the cemetery rests was donated by Scott Hudgens, the late Atlanta World War II Veteran, land developer and philanthropist.
 - The site lies midway between Cartersville and Canton, near the Etowah River, offering views of the Blue Ridge Mountains and Lake Allatoona.
- Burial in a national cemetery is available to eligible Veterans, their spouses and dependent children at no cost to the family.
- Burial in a National cemetery includes the gravesite, opening and closing of the grave, a headstone or marker and perpetual care as part of a National shrine.
- If a Veteran is buried in a private cemetery anywhere in the world, VA will provide a headstone or marker for that Veteran's grave.
- A burial flag is available to drape the casket or urn, during the funeral.
- A Presidential Memorial Certificate honoring the Veteran may be requested.

- Military funeral honors for the Veteran include: burial flag folding and presentation and “TAPS” played on a bugle or by a recording device.
 - Funeral home directors usually arrange for these benefits on request.
- To schedule a burial in all Department of Veterans Affairs National Cemeteries, except in Puerto Rico and Hawaii, please contact the National Cemetery Scheduling Office by calling: 1-800-535-1117.

Briefing on Services for Women Veterans, Lonnette Alford, Women Veterans Coordinator, Atlanta VA Regional Office, VBA

- Demographics of Georgia’s women Veterans FY 13:
 - Georgia has a women Veterans population of 106,857, 14 percent of 776,205 statewide Veterans.
 - Demographics of Georgia’s women Veteran population:
 - African American- 54,781.
 - White- 49,914.
 - Hispanic- 3,365.
 - Asian- 1,069.
 - Over the age 85- 1711.
 - There are 16,219 at age 40-49.
 - Seventy are age 18 -20.
- Service provided to Veterans from various theaters: War II, Korea, Vietnam, Gulf and OEF/OIF.
- Prevalent disabilities for which women Veterans filed claims:
 - Lower back, migraine, major depression disorder, partial hysterectomy, asthma, arthritis due to trauma, removal of reproductive glands, knee impairment, PTSD, and MST/personal trauma.
- Atlanta RO objectives include:
 - Claims processing assistance: public contact interviews 10/day, phone calls to Veterans and claim case reviews.
 - Expanding network of providers.
- Challenges encountered involve additional time for outreach, due to the priority on claims processing, and funding for outreach opportunities.
- Outreach partnerships:
 - DoD’s Sexual Assault Response Coordinators, DoL’s Women’s Bureau, Georgia Perimeter College System, VA’s Center of Excellence, NCA, etc.
- Outcomes:
 - The RO implemented an outreach operation plan, provided women Veteran employees with meet and greet to connect them with Atlanta VAMC’s women’s health program staff, and provided a Sexual Assault Awareness month presentation with women’s health program.

Friday, August 23, 2013 – Marriott Courtyard Atlanta Decatur Downtown/Emory, 130 Clairmont Avenue, Decatur, GA 30030, Decatur Room

- The ACWV conducted out-briefing with Atlanta VAMC leadership, VA Regional Office leadership, and women’s health staff.

- The ACWV conducted a town hall meeting with local women Veterans and other stakeholders. Approximately 75 individuals attended.

**Discussion: Wrap Up
Meeting Adjourned**



Shirley A. Quarles, Ed.D., R.N., F.A.A.N.
Chair, Advisory Committee on Women Veterans



Irene Trowell-Harris, Ed.D., R.N.
Designated Federal Officer